State Form 48492 (R3/11-05)

Contributor's Occupation (if applicable) Security

subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

(CFA-11)

FILE NUMBER

	Indiana Election Committee	(IC 3-9-5-20.1: 3-9-5	i-22)			1234	567
						TOTAL PAGES IN ENT	IRE CFA-11 REPORT
Please type or prin	Only candidates receiving a t legibly IN BLACK INK all m, see instructions on the re	information on this fo			rt	9	
		COMMIT	TEE INFORMATIO	N			
1. Full name of car	ndidate(include any nicknam	e)	this is a new name	2. Cor	mmittee	telephone number	
Joe Hogsett				(317	7) 77	7-7262	
3. Mailng address 133 W. Mark	(address where all campa et Street #190	nign finance correspo	ondence is received)	1	Ch	eck if this is a new addre	SS
4. City		State	ZIP Code		5. Party	affiliation or if independ	ent
Indianapoli	S	IN	46205	1	Demo	crat	
6. Office sought (in	nclude district number, if any.	Not required for e	xploratory commit	tee)	7. Cour	nty of residence	
mayor					Mario	on	
8 Reporting Perio							
From: 10/	30/2015		Through:	11/	1/20	15	
	, enter INDV for individual; ch are not one of the above		ction committee; C	ORP fo	r corpo	ration; LAB for labor o	rganization; NONE
CONTRIBUTOR	R'S FULL NAME AND OCCI	JPATION FULL	TYPE OF CONTR		N CO	LUMN A AMOUNT OF	DATÉ RECEIVED
(stree	MAILING ADDRESS et, number, city, state, ZIP	code)	OR OTHER RE	CEIPT		CONTRIBUTION	RECEIVED BY
Classification INDV	Raymond Stanle 4621 E Shady I Mooresville, I	. n [Contributions: Direct In-Kind (descri	be)			11/01/2015
			Other Receipts Interest Misc. (specif	Loan		\$2,500.00	-

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF	TIFICATION OF MY KNOWLEDGE AND BELIEF IT IS TRUE	CORRCET AND ACCURATE
Signature of Theasurer Phocycles	Title Treasurer	Date /1.2./5
Signature of Candidate (if applicable)		Date

FOR OFFICE USE ONLY

FILED

NOV 0 2 2015 Myla a. Eldridge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20,1: 3-9-5-22) (CFA-11)

_
FILE NUMBER
1234567
TOTAL PAGES IN ENTIRE CFA-11 REPORT
9

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

	rm, see instructions on the rev		ATTI, I OF BESTS, GATIOL			9	
1. Full name of ca	andidate(include any nickname		TEE INFORMATIO	2. Co		telephone number 7-7262	
3. Mailing address	s (address where all campa ket Street #190	ign finance correspo	ndence is received)		Ch	eck if this is a new addre	ss
4. City		State	ZIP Code		5. Party	affiliation or if independ	ent
Indianapoli	is	IN	46205	}	Demo	crat	
6. Office sought (include district number, if any.	Not required for ex	xploratory commit	tee)	7. Cour	nty of residence	
mayor				\ \	Mario	on	
8. Reporting Per From: 10	iod /30/2015		Through:	11,	/1/201	15	
	n, enter INDV for individual; nich are not one of the above		ction committee; C	ORP fo	or corpo	ration; LAB for labor o	rganization; NONE
	OR'S FULL NAME AND OCCU MAILING ADDRESS set, number, city, state, ZIP o		TYPE OF CONTRI OR OTHER RE		N CO	LUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification INDV	Rick Lux PO Box 301032 Indianapolis,	IN 46230	Contributions: Direct In-Kind (descri	be)			10/30/2015
Contributor's O	ccupation (if applicable) Real	ltor	Other Receipts Interest Misc. (specified)	Loan y)	-	\$1,000.00	

CERT I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST O	IFICATION FMY KNOWLEDGE AND BELIEF IT IS TRUE	CORRCET AND ACCURATE	FOR OFFICE USE ONLY
Signature of Treasurer Rhards	Title Treusway	Date /1-2-15	FILED
Signature of Candidate (if applicable)	consist for colour used for the comment	Date	NOV 0 2 2015
WARNING: Any information contained in this report may not be person who knowingly files a fraudulent report commits a Class accurate report as required by the Indiana Campaign Finance Lisubject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	Difelony, (IC 3-14-1-13) A person who f	ails to file a complete or	Myla a. Eldridge

State Form 48492 (R3/11-05) Indiana Election Committee (IC 3-9-5-20.1: 3-9-5-22) (CFA-11)

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		COMMI	TTEE INFORMATIO	N		
1. Full name of ca	andidate(include any nickname	Check if	this is a new name	2. Com	mittee telephone number	
Joe Hogsett		_		(317)	777-7262	
3. Mailng address	: <i>(address where all campa</i> :et Street #190	ign finance correspo	ondence is received)		Check if this is a new addre	ess
4. City		State	ZIP Code		5. Party affiliation or if independ	ent
Indianapoli	is	IN	46205	I	Democrat	
6. Office sought (include district number, if any.	Not required for e	xploratory commit	tee) 7	7. County of residence	
mayor				1	Marion	
8 Reporting Peri	iod			_		
From: 10	/30/2015		Through:	11/1	1/2015	·
	n, enter INDV for individual; nich are not one of the above		ction committee; C	ORP for	corporation; LAB for labor o	rganization; NONE
CONTRIBUTO	R'S FULL NAME AND OCCU	PATION FULL	TYPE OF CONTRI			DATE RECEIVED
(stre	MAILING ADDRESS set, number, city, state, ZIP o	ode)	OR OTHER RE	CEIPT	CONTRIBUTION	RECEIVED BY
Classification INDV	Alexander Kuli 7880 Oak Dr Nineveh, IN 46	!	Contributions: Direct In-Kind (descri	be)		10/30/2015
			Other Receipts Interest Misc. (specifi	Loan	\$1,111.11	

CERTIFY CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF	FICATION MY KNOWLEDGE AND BELIEF IT IS TRUE, O	CORRCET AND ACCURATE	FOR OFFICE USE ONLY
Signature of Treasurer — Phoades	Title Treasurar	Date 11.2.15	FILED
Signature of Candidate (if applicable)		Date	NOV 0 2 2015
WARNING: Any information contained in this report may not be or person who knowingly files a fraudulent report commits a Class D accurate report as required by the Indiana Campaign Finance Lasubject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	felony. (IC 3-14-1-13) A person who fails		Myla a. Eldridge

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completing this for	m, see instructions on the rev	erse side.				
		COMMIT	TEE INFORMATION			
1. Full name of ca	ndidate(include any nickname			ommitte	e telephone number	
Joe Hogsett			(31	17) 7	77-7262 	
3. Mailng address 133 W. Mark	(address where all campa et Street #190	ign finance correspo	ondence is received)		heck if this is a new addre	
4. City		State	ZIP Code	5. Par	ty affiliation or if independe	ent
Indianapoli	S	IN	46205	Demo	ocrat	
6. Office sought (i	nclude district number, if any.	Not required for e	xploratory committee)	7. Co	unty of residence	
mayor				Mar	Lon	
For classification	od /30/2015 n, enter INDV for individual; ich are not one of the above	PAC for political a	Tillough.	1/1/20		rganization; NONE
	R'S FULL NAME AND OCCL MAILING ADDRESS et, number, city, state, ZIP o		TYPE OF CONTRIBUTI OR OTHER RECEIP		OLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification CORP	Dant Advocacy, 54 Monument Ci Ste 300 Indianapolis,	r	Contributions: ☑ Direct ☐ In-Kind (describe)			10/30/2015
Contributor's Oc	ccupation (if applicable)		Other Receipts Interest Loan Misc. (specify)	_	\$750.00	

Signature of Treasures chy- Rhoods	Title Treasurer	Date //- 2-75
Signature of Candidate (if applicable)		Date

accurate report as required by the Indiana Campaign Finance L subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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Myla a Eldridge